





FIG. 1

FIG. 2


Audi5

File Company Employee

Current Company: **Employee:**

HINT:

Company
Employees
History
Test
Results
Reports

Select a Company:

Company

Address 1

Address 2

City

State

Zip

Additional Information

☐ Do NOT Use Age Correction Factors

Contacts

Primary

Name

First

Last

Phone


Emergency

Name

First

Last

Phone



NEXT

007724-1-1400

FIG. 3

File Company Employee

Current Company: APOGEE INC.
Employee: STEPHENSON, STEPHEN

HINT: Select an Employee or add a new one. Then Press the NEXT Button.

Company	Employees	History	Test	Results	Reports
<div> <div> Select an Employee: <div> SMITH, MARGIE SMITH, VICTORIA SNEEDEN, DOUGLAS SPANORIGAS, NICHOLAS SPEARS, RICHARD STEFANOPOULOS, TASIA Stephenson, Carlie STEPHENSON, STEPHEN L. STEWART, CHARLENE STOOKEY, ALLEN STORMER, DAVID STOVER, ALICE STOVER, ALICE STROLE, SANDRA TACKETT, GLOTTA TAULBEE, ELIZABETH THIRKIELD, DAVID THOMAS, LINDA THOMPSON, RANDI </div> <div> <div>View All</div> <div>View Test History</div> </div> </div> <div> Employee Information: <div> Last Name: STEPHENSON First Name: STEPHEN L. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female SSN: 123-45-6789 DOB: 1/1/46 DOE: 12/24/76 Last Hearing Test: 7/12/00 TWA: 85 Shift: 1 Department: ADMIN. Building: 1 Plant: 1 Clock Number: 123456789 </div> </div> </div> <div> <div> <div>Add New</div> <div>Edit Current</div> </div> <div> NEXT </div> </div>					

FIG. 4a

004427-01-0000

File Company Employee

Current Company:
Employee:

HINT:

Company	Employees	History	Test	Results	Reports																																																																																											
History as of : 9/21/00 Old History:																																																																																																
	<table border="1"> <thead> <tr> <th></th> <th>R</th> <th>L</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Ring in your ears</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ear Operation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Punctured Ear Drum</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Draining from your ears</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Earaches</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Exposed to noises such as...</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Snowmobiles</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Gunfire</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Motorcycles</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Rock Music</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Farm Equipment</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Explain...</td> <td colspan="3"> <input type="text" value="POWER TOOLS"/> </td> </tr> </tbody> </table>		R	L	No	Ring in your ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Punctured Ear Drum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Draining from your ears	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Earaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exposed to noises such as...				Snowmobiles	<input checked="" type="checkbox"/>			Gunfire	<input checked="" type="checkbox"/>			Motorcycles	<input checked="" type="checkbox"/>			Rock Music	<input type="checkbox"/>			Farm Equipment	<input checked="" type="checkbox"/>			Other	<input checked="" type="checkbox"/>			Explain...	<input type="text" value="POWER TOOLS"/>			<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Dizziness</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Head Injuries</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Family Hearing Loss</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Allergies/Hayfever</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Rx/OTC Meds</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Quiet Rule</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Upper Respiratory Inf/Sinus</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Training</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Trouble Hearing</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Military Service</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Exposed to gunfire or loud noises while in the service?</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>				Yes	No	Dizziness	<input type="radio"/>	<input checked="" type="radio"/>	Head Injuries	<input checked="" type="radio"/>	<input type="radio"/>	Family Hearing Loss	<input type="radio"/>	<input checked="" type="radio"/>	Allergies/Hayfever	<input checked="" type="radio"/>	<input type="radio"/>	Rx/OTC Meds	<input checked="" type="radio"/>	<input type="radio"/>	Quiet Rule	<input checked="" type="radio"/>	<input type="radio"/>	Upper Respiratory Inf/Sinus	<input type="radio"/>	<input checked="" type="radio"/>	Training	<input checked="" type="radio"/>	<input type="radio"/>	Trouble Hearing	<input type="radio"/>	<input checked="" type="radio"/>	Military Service	<input checked="" type="radio"/>	<input type="radio"/>	Exposed to gunfire or loud noises while in the service?	<input checked="" type="radio"/>	<input type="radio"/>
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			Air Force																																																																																													

FIG. 4b

Test History

Current Company: APOGEE INC.
 Employee: STEPHENSON, STEPHEN

Right Ear

500	1K	2K	3K	4K	6K	8K
15	10	10	15	25	15	15

Left Ear

500	1K	2K	3K	4K	6K	8K
15	10	10	25	45	20	15

Technician: Chris Pavlakos

Certification No.: 514

Audiometer S/N: 6226

Audiological Comments:

Hearing Protection Device

Code	Name	Type
00	NO PROTECTION WOR	5

Baseline

Test Results:

Rating	2 - Slight	Hearing Protection Needed	No - Current is adequate
STS		Medical Referral	No
Hearing Loss	No Significant Change		

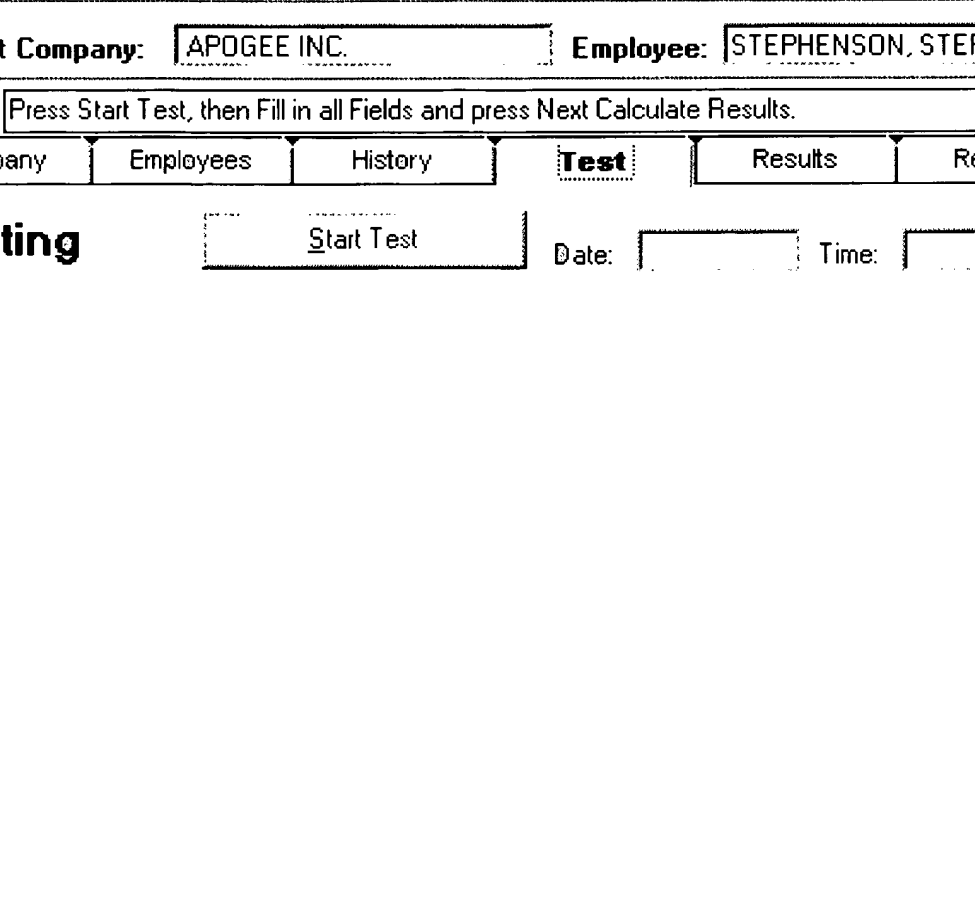
Test 4 of 9 on file.
 Test Date/Time: 2/14/95 5:00:00 PM

Edit

Close

09737243 - 121400

FIG. 5a



Audi5

File Company Employee

Current Company: APOGEE INC. Employee: STEPHENSON, STEPHEN

HINT: Press Start Test, then Fill in all Fields and press Next Calculate Results.

Company Employees History **Test** Results Reports

Testing

Start Test Date: Time:

FIG. 5b

Audi5

File Company Employee

Current Company: APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Press Start Test, then Fill in all Fields and press Next Calculate Results.

Company Employees History **Test** Results Reports

Testing Clear Test Date: 9/21/00 Time: 4:30:17 PM

Right Ear
500 1K 2K 3K 4K 6K 8K
☐ ☐ ☐ ☐ ☐ ☐ ☐

Left Ear
500 1K 2K 3K 4K 6K 8K
☐ ☐ ☐ ☐ ☐ ☐ ☐

Technician
Certification No.
Audiometer S/N

Audiological Comments:

Hearing Protection Device
Enter device data....

Code Name Type

Save / NEXT

09737243-121400

FIG. 5c

Audi5
File Company Employee

Current Company:
Employee:

HINT:

Company

Employees

History

Test

Results

Reports

Testing

Date:
Time:

Right Ear

500	1K	2K	3K	4K	6K	8K
<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="15"/>	<input type="text" value="10"/>	<input type="text" value="15"/>

Left Ear

500	1K	2K	3K	4K	6K	8K
<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="15"/>	<input type="text" value="10"/>	<input type="text" value="15"/>

Technician

Certification No.

Audiometer S/N

Audiological Comments:

Hearing Protection Device
Enter device data....

Code	Name	Type
<input type="text" value="1"/>	<input type="text" value="EAR"/>	<input type="text" value="Foam Plugs"/>

004121 "E4E460

FIG. 6a

Audi5 File Company Employee

Current Company: **Employee:**

HINT:

Company	Employees	History	Test	Results	Reports
---------	-----------	---------	------	----------------	---------

Results

Save Results


Rating:

STS:

Hearing Loss:

Hearing Protection Needed:

Medical Referral ?


NEXT

00421E4E450

FIG. 6b

Audi5 File Company Employee

Current Company: APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Review the Results and Press Save then Press Next Button for Reports.

Company	Employees	History	Test	Results	Reports
---------	-----------	---------	------	----------------	---------

Results


Rating 1 - Normal

STS No STS


Hearing Loss No Significant Change

Hearing Protection Needed No - Current is adequate

Medical Referral No

 NEXT

2020

**Audi5**

File

Company

Employee

Current Company: APOGEE INC.

Employee: STEPHENSON, STEPHEN

HINT: Run a report. Then Click back on 'Next Employee' to continue.

Company

Employees

History

Test

Results

Reports

Reports

Print to:

Report Dates:

☒ Screen

☐ Printer

From: 9/21/00

To: 9/21/00

Employee:

Current Employee Hearing Evaluation Report

All - Employee Hearing Evaluations

Company:

Audiometric Summary Report

Audiometric Test Report

Audiometric Classification Report (Baseline)

Audiometric Classification Report (Annual)

Employee Hearing Protection Report

All Reports

Next Employee

Exit